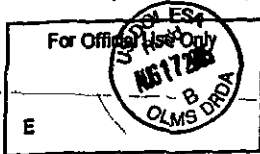


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8757	2 Fiscal Year Covered From 1/1/2004 Through 12/31/2004
3 Name and address of person filing Name Paul E. Little P.O. Box Bldg Room No. if any Street 4428 E Admiral Pl. City Tulsa State OK ZIP Code + 4 74115-7448	4 Name, file number and address of labor organization. Name Asbestos Workers Local 64 Labor Organization File Number 04788 P.O. Box Building and Room Number if any Street 4428 E Admiral Pl City Tulsa State OK ZIP Code + 4 74115-7448
5 Position in labor organization. Business Manager	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employee whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name Trade Name if any P.O. Box Bldg Room No. if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction or Income 7 b. Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)

Signed

Paul E Little

On

8-12-05

Date

(918)834-1526

Telephone Number

Name of Person Filing Paul E Little

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name National Asbestos Workers Medical Fund

Trade Name If any

P O Box Bldg Room No If any

Street 4600 Powder Mill Road

City Beltsville

State MD ZIP Code + 4 20705

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 8 b or 9 c is checked give trust or employer's name

Name

Trade Name If any

P O Box Bldg Room No If any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Contributions made through collective bargaining agreement negotiated by labor organization

11 b Approximate dollar value of such dealing

3 94 per hour

12 a Nature of interest held or income received

It is a reimbursement of Trustee expenses to attend annual full board of Trustees meeting

12 b Amount

\$1,113 74

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name If any

P O Box Bldg Room No If any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment